ADDRESS OF WILLIAM T. BARRY, M. D., TO THE SANTA BARBARA COUNTY MEDICAL SOCIETY, UPON RETIRING FROM THE CHAIR, JANUARY 8, 1909.

I can not lay down the gavel, which I have held for the past year, without thanking the members of the Santa Barbara County Medical Society for the kind support which they have given my administration. The rulings of the chair may at times seem arbitrary, but I have always aimed to be just while keeping within parliamentary law. On taking the chair a year ago I announced my policy in the following words:

"My plan throughout the year shall be to cooperate with the secretary and program committee in making our monthly meetings bright, fresh, entertaining and instructive. I propose also to call from time to time, certain special sessions to meet and listen to some of the more eminent members of our profession, or to discuss such special matters as can not be properly entered into at our monthly meetings."

How far I have been enabled to live up to this policy is for you to judge, as all is now a matter of history. But I am sure that those who have faithfully attended our monthly meetings will agree with me in saying that they have always found them instructive, and that the discussions have resulted in practical professional improvement. In regard to my plan to bring to Santa Barbara some of the more eminent members of our profession, and give you an opportunity to listen to them, I claim that in a very fair measure I have redeemed this promise, as the minutes show this Society has entertained the following gentlemen from a distance:

In May, James H. McBride, M. D., of Pasadena, favored the Society with an instructive paper on Neurasthenia.

During September we had with us Dr. Wesley W. Beckett, president of the State Society, who spoke on Post-Operative Treatment; also the same evening we listened to a paper read by Dr. Ethel L. Leonard of Los Angeles on the Practical Working of the Opsonic Index.

Then in October Dr. Philip King Brown of San Francisco presented a good paper on Physical Therapy in Chronic Heart Disease.

And finally in November, the Society entertained Dr. N. K. Foster, Secretary State Board of Health, who took up the subject of State and Municipal Sanitation and Health. (Dr. Rupert Blue of Marine Hospital Service, was to have been present with Dr. Foster and presented Bubonic Plague, but was kept away by urgent professional business. He has promised us a visit later.) Also at the November meeting we had with us the Rev. Clarence E. Webb, Superintendent Pacific Purity Association, whose remarks on the Venereal Peril were well received.

In addition to the above, in connection with our regular monthly meetings, I had the pleasure of arranging the following special sessions:

On September 15th we held a public session in the assembly room of the High School, which was addressed by Dr. Philip Mills Jones of San Francisco, the State Secretary of California Medical Society, on Public Health and Legislation, Dr. Beckett appearing with him on the platform.

Later in the fall another public meeting of the same character (on educational lines) was held at the High School, and addressed by Dr. Rexwald Brown on the important subject of Vaccination.

And lastly, in January, Dr. Charles C. Browning of Monrovia delivered at the High School under the auspices of the Santa Barbara County Medical Society a most important and instructive lecture illustrated by stereopticon on the Prevention of Tuberculosis (the immediate result of this lecture was the formation of a branch society for the Study and Prevention of Tuberculosis, of which Dr. Flint is the chairman).

I earnestly trust that my successor will contnue this series of public lectures on educational lines so auspiciously commenced.

Nor was the social side entirely forgotten by the Society during the past year. An informal banquet and reception was given in honor of our worthy President, W. W. Beckett, M. D.; a function in the way of a Spanish lunch out in Montecito, to our active and efficient State Secretary, Philip Mills Jones, M. D.; and a lunch at Arlington hotel to Dr. C. C. Browning.

Our Society has grown during the past year, adding the following names to the roll: Doctors Hurst, Holt, Stoddard, Jr., and Lewis of Santa Ynez, also Dr. Philip A. Sheaff, who comes in this evening.

The year 1908 has seen come into existence a permanent Medical Milk Commission, a Venereal Committee, and a committee on organization for the Study and Prevention of Tuberculosis.

I desire to thank publicly the retiring Secretary, Dr. David A. Conrad for his efficient co-operation, and the different committees who assisted in making the Society business run smoothly. And I must commend the active and aggressive work done by Dr. T. A. Stoddard, the present Chairman of the Committee on Public Health and Legislation.

But gentlemen, let us not pause too long or congratulate ourselves unduly on our past successes; a new year lies before us and there is much to be done. We all need to advance scientifically and when feasible we should meet twice a month, and each should ungrudgingly give of his time and talents for the benefit of his fellows.

The profession needs to be more firmly united, and to this end personal enmities should be nobly laid aside.

We need to be more active in resisting the attacks of the enemies of legitimate medicine, the abortionist, the charlatan, the quack, also the foes of preventive medicine, the anti-vaccinationist, and the anti-serumist, Christian Science and the religious fanatic. I am convinced that a certain and proper portion of our deliberations should be given to the press, and to gain this point I appointed a press committee which has done some good work. In my address at the beginning of the year I was bold enough to suggest that this Society own and operate

its own hospital, also that we should own our own building to include a meeting room, a library and a museum. And whereas, any of these are still far from being in sight, I still continue to recommend them.

And now I am resigning the chair to an earnest and capable gentleman, Dr. Eugene A. Dial, for whom I bespeak your united support and hearty co-operation. I am only sorry that I have not proved myself more worthy of the honorable position I am relinquishing. Gentlemen, I thank you.

INTESTINAL OBSTRUCTION.*

By CHAS. G. LEVISON, M. D., San Francisco.

Were it not for the fact that the death rate in operations performed for the relief of acute intestinal obstruction has remained unchanged during the past twenty years, I should hesitate to present so threadbare a subject for your consideration. As a result of the cooperation of the physician and the surgeon, the mortality in appendicitis, ectopic pregnancy and typhoidal perforation, has diminished to a remarkable degree, and it is with the hope that a similar understanding may be brought about in the early treatment of ileus, that this paper is presented.

The symptom complex of bowel obstruction, constitutes the most serious and the most dreaded condition that is encountered in the domain of surgery, and it is largely due to the fact that the patient is referred for operation only after all of the remedial measures have been exhausted, and when his resistance is so reduced that it is almost nil. An individual with the distended abdomen of an advanced ileus and the poisoning caused by the absorption of toxins from the intestinal tract, frequently dies soon after operative interference from heart paralysis, despite all efforts at stimulation.

Mortality. In an article presented to the New York Surgical Society, January 22, 1908, Elsberg [1] makes the statement "That despite the advance in methods and technic, the mortality after operative interference in acute intestinal obstruction is still very high." In the hands of different operators he states that the mortality varies between fifty and seventy per cent. Of one hundred cases treated by operation during 1906 in three large hospitals in New York City, fifty-four per cent died. Ranzi [2] has collected 758 cases from the literature with a mortality of fifty-seven per cent. Other reports give a still larger death rate. The majority of these patients were seen in an advanced stage of obstruction, relatively few having come to operation at a time when relief of the obstruction was well borne. Elsberg [3] states that in many cases this was due to the difficulty experienced in making an early diagnosis, sometimes to delay on the part of the patient and other times to the very rapid progress of the symptoms. He also remarks "That even if the very advanced cases, those 'in extremis' were to be excluded, that the mortality after operation for acute intestinal obstruction would still give a death rate of at least from thirty to forty per cent." This mortality can be reduced only by improvements in diagnostic methods, so that it becomes possible to refer these patients to the surgeon at an earlier period. From an operative standpoint the number of failures can only be diminished by greater simplicity in operative manipulations.

Hesse [4] in an exhaustive paper, has compiled statistics which show what a grave and serious condition the acute intestinal obstruction in consequence of a strangulated hernia, really is. From Hesse's statistics, it appears that the mortality averages about fifty-five per cent in gangrenous strangulated hernia. They show that in 1500 cases of operation performed by fifty-nine operators, to relieve this condition, that the death rate has not varied much during the past twenty years. This goes to prove how little the mortality can be influenced by operation when patients are allowed to become toxic as a result of delay.

Classification. In the "Schlange" classification [5] of acute intestinal obstruction, two main divisions are given: the dynamic or paralytic ileus; and the obturation or mechanical ileus. The ileus of peritonitis represents the type of the paralytic ileus. The following condition which recently came under my observation was a good example of a bowel obstruction in consequence of an involvement of the central nervous system. It occurred in a healthy man forty-five years of age whose previous history was unimportant. He was seized with an intense headache which did not respond to treatment. All purgatives were without effect and for ten days there was no evacuation of the bowels. He then became unconscious and died a fortnight later of a basal tuberculosis meningitis.

In the second group the conditions are found which produce a mechanical obstruction such as kinks, adhesions, bands, tumors, volvulus, foreign bodies, etc.

With this classification kept in mind the diagnosis of ileus is often facilitated.

Diagnosis. Text books and tradition have established a belief in the minds of many physicians that the diagnosis of an incipient ileus is simple and that the condition is easily recognized by classic symptoms. This belief must be eradicated before we shall be able to treat these patients with even a modicum of success.

Writers, as a rule, do not distinguish between an early and a late obstruction, but only state that the condition is associated with great distention; that the peristalsis is evident through the abdominal wall; that the outline of the gut can usually be recognized on the surface of the abdomen; that there is absolute constipation; that the patient cannot pass flatus; that there is always vomiting and that the facies hippocratica is usually present. They also state that indicanuria is always present when the obstruction is high up, and that cachexia is present when a malignant growth exists.

An analysis of the following symptoms together with the history of appropriate cases will not be out of place here.

* Read before the San Francisco County Medical Society, August 11, 1908.